


Page Profile #:

Due Date: 05/03/17
PM: MMW

| | | |
|-----------------------------|--------------------|--|
| SAMPLER NAME AND SIGNATURE | | |
| PRINT Name of SAMPLER: | Paul Maffei | |
| SIGNATURE of SAMPLER: | <i>Paul Maffei</i> | |
| DATE Signed: | 4-19-17 | |
| TEMP in C | | |
| Received on Ice (Y/N) | | |
| Custody Sealed Cooler (Y/N) | | |
| Samples Intact (Y/N) | | |

| | | |
|--|---|---|
|  | Document Name: Sample Condition Upon Receipt Form | Document Revised: 15Mar2016 Page 1 of 1 |
| | Document No.: F-VM-C-001-Rev.10 | Issuing Authority: Pace Virginia, Minnesota Quality Office |

Sample Condition Upon Receipt

Client Name:

USS CORP

Project #:

W0#: 1285991

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☒ Client
☐ Commercial ☐ Pace ☐ Other: _____

PM: MMW Due Date: 05/03/17
 CLIENT: USS CORP

Tracking Number: _____

Custody Seal on Cooler/Box Present? ☐ Yes ☒ No Seals Intact? ☐ Yes ☐ No Optional: Proj. Due Date: Proj. Name:

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☒ None ☐ Other: _____ Temp Blank? ☒ Yes ☐ No

Thermometer Used: ☒ 140792808 Type of Ice: ☒ Wet ☐ Blue ☐ None ☐ Samples on ice, cooling process has begun

Cooler Temp Read °C: 3.9 Cooler Temp Corrected °C: 4.2 Biological Tissue Frozen? ☐ Yes ☐ No ☒ NA
 Temp should be above freezing to 6°C Correction Factor: +0.3 Date and Initials of Person Examining Contents: 4.19.17 ct

| | | | Comments: |
|---|--|-----|---|
| Chain of Custody Present? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 1. | |
| Chain of Custody Filled Out? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 2. | |
| Chain of Custody Relinquished? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 3. | |
| Sampler Name and Signature on COC? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 4. | |
| Samples Arrived within Hold Time? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 5. | If Fecal: <input type="checkbox"/> <8 hours <input type="checkbox"/> >8, <24 hours <input type="checkbox"/> >24 hours |
| Short Hold Time Analysis (<72 hr)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | 6. | |
| Rush Turn Around Time Requested? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | 7. | |
| Sufficient Volume? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 8. | |
| Correct Containers Used? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 9. | |
| - Pace Containers Used? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |
| Containers Intact? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 10. | |
| Filtered Volume Received for Dissolved Tests? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 11. | Note if sediment is visible in the dissolved containers. |
| Sample Labels Match COC? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 12. | |
| - Includes Date/Time/ID/Analysis Matrix: <u>Wt</u> | | | |
| All containers needing acid/base preservation will be checked and documented in the pH logbook. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | | See pH log for results and additional preservation documentation |
| Headspace in Methyl Mercury Container | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | 13. | |
| Headspace in VOA Vials (>6mm)? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | 14. | |
| Trip Blank Present? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | 15. | |
| Trip Blank Custody Seals Present? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | | |
| Pace Trip Blank Lot # (if purchased): | | | |

CLIENT NOTIFICATION/RESOLUTION

Field Data Required? ☐ Yes ☐ No

Person Contacted: _____

Date/Time: _____

Comments/Resolution: _____

FECAL WAIVER ON FILE Y N

TEMPERATURE WAIVER ON FILE Y N

Project Manager Review:

Melissa Woods

Date: 4/19/17

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)